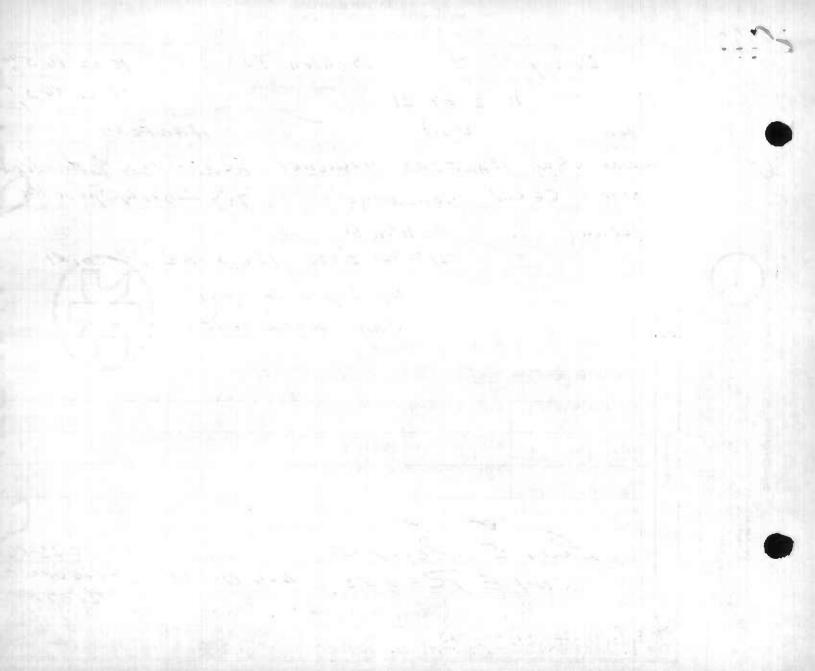
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 26 DATE OF DEATH YPE OR PRINTI & AGE (IN YEARS LAST BIRTHDAY) 1 SFX IF UNDER I YEAR MONTH AUGUST 11, 1901 FEMALE WHITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY USA WIDOWEDIX DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13b. COUNTY 13r. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 4154 U WAY 21078 MD HARFORD HAVRE de GRACE YES X NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE MIDDLE FIRST LAST MARTHA HUMMEL WILL IAM ROBERTS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) HE YES GIVE WAR OR DATEST MRS. CAROLYN A. HARGIS SAME AS #13e NO 220 44 9708T APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a)_(b), and (c) PART I DEATH WAS CAUSED BY and Vosculos IMMEDIATE CAUSE in DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 211, LOCATION 21e PLACE OF INJURY 0 CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC) STREET NOT WHILE 16 22a.1 certify that (1) (this hospital) offended the decease from. saw the deceased alive an 19 00 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF 180CTOBER86 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b 7000 Chumar Han & from 1 of 2011. 23a. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURIAL 200CT0BER86 ANGEL HILL CEMETERY HAVRE de GRACE, HARFORD CO., 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VRA 15, 4)

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きを多り	MAPILAND	U.S.A.	WIDOWED DIVORCED	Harford	MD.
	18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 166	Hourse de grace	Harford Memor		PAUROLL CLERK (RETAL	ANATIONAL GUARD
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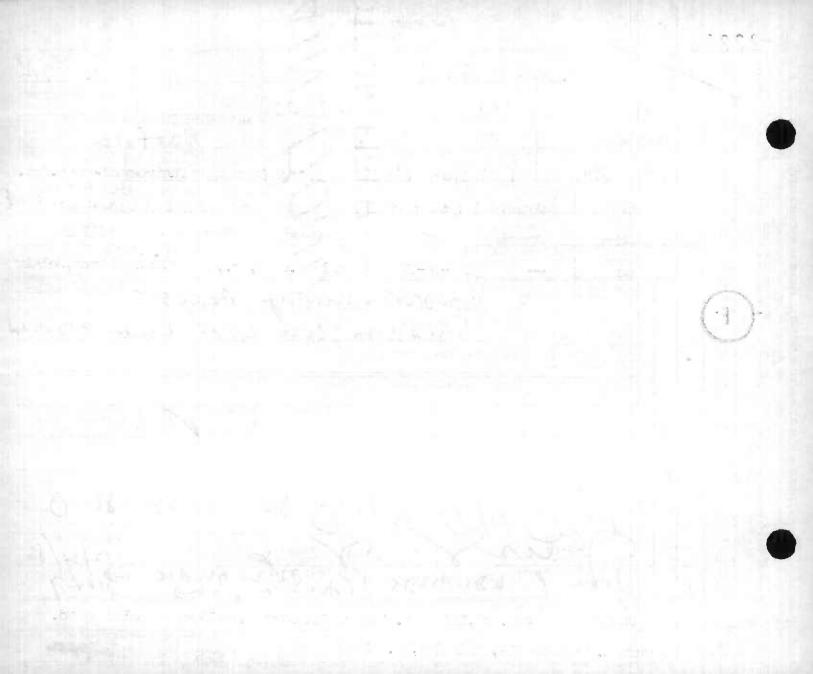
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ANNIE 10 OF ESTI-R FILES. HOURS STREET, DEATH MATED 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. 3 SEX IF UNDER 24 HRS DATE PRONOUNCED DEAD 3 LENTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED [DIVORCED II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDR 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Clement Carrington Eugina Laceu 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) Elfrieda Thurston 241 N. Paxon St 19139 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DRONARY HEELT PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 of CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? DEPARTMENT OF PRIOR TO BURIA YES . NO [71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autapsy Inspection death resulted fram: Natural causes Suicide Hamicide Undetermined manner 46 4 alliance st. Hus EXAMINER'S NAME PAGE TO FUI (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION Burial 10-11-86 Eden Cemetery Deleware County, Pennsylvania 24. FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH-17 Bailey Funeral Home 1348 N. Calhoun St. 21217 (VR A15 ME (5)) 15M 2/80

	1		STATE OF MARYLAND
7-22288	1.	STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2 9 1 0 4
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n 24 hours in hould be	12a.	MATE 136 COL	arford Bel Air YES NOT GOT WONDELWOOD Dr 2101
1 fg/h2	14, 75	THER'S NAME	MIDDLE LAST FIRST MAIDEN NAME
1 1 4KC		THE REAL PROPERTY.	Joseph Cook Carrie Christine Willick
1 1 0 p		VAS DECEASED EVER IN U.S. A	
0000		no -	220-20-7775 Gerald E.Cook, Sr., 303 Plumtree Road, BelAir
		PART I. DEATH WAS CAUS	anly one couse per the for (a), (b), and (c). BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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(VRA 15, 4)	H	oward K. McComa	as III, Abingdon, Md. 21009



0-20238	1	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 1 0,5
0 20230	1. DE	CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH DA	Y YEAR 25 HOUR
de 3	{TYP	Lyna	LE DISBROW	COO HES	Oct 3	1986 10 pm
B B B	1 SE	X	4 RACE	5 DATE OF BIRTH		UNDER I YEAR UNDER A HRS
1 10 1	-	Femme	WHITE	JANUARY 5, 1914	72 YRS.	INTHS DAYS HOURS MIN.
1 12 24		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY C	FDEATH
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PRESTON he death ce emove carb matian, or r traumatic		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECUTION (b)	POTENSION		1 1247
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REOBINA							REG. NO	D.		
1. DECEASED NA	AME FIRST	MI	DDLE	LA	ST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
	EARL	M		CRO	OUSE		October	19	, 1986	3:00 a
3. SEX		4. RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	HDAY]	MONTHS DAYS	IF UNDER 24 HRS
M	ale	White		July	1 DAY	1912	7	4 YRS	MONTHS DATS	HOURS MIN.
	(STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	S VEVED		9 BALTIMORE CITY O		OFDEATH	
North C	arolina	United	States	WIDOWED		MARRIED	Harford C	ount.v		MD.
ID CITY OR TOV	VN OF DEATH		OSPITAL, NURSIN	G HOME O			120 USUAL OCCUPATI	NC	12b. KIND O	F BUSINESS OR
Forest	Hill		er Creek		ch Roa	d	Fa.mer	F WORKING LIF	Dairy	r
USUAL RESIDEN	ICE (IF NURSING HOME O	ROTHER INSTITUTION G	IVE RESIDENCE BEFORE	ADMISSION)						
Marylan	d Hari		orest Hi		YES T	NO 🛣	1020 Deer	Crook	Church	Road 210
FATHER'S NA		LOIU F	OT CSC III			'S MAIDEN NAM		OLCCK	. Offai. a.	1 1toau, 210
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	liam Mo	onroe	Crouse 6b SOCIAL SECU		17 INFORM	arah	ADDRE	22	Este	*
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No	=		212-16-4	007	Joan	E. Grou	se 1020 Dee	r Cre		
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		TE CAUSE (D)	Respira	tory.	Sail	976				
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HE I							YES TO NOK	IN CERTIF	YING CAUSES	OF DEATH?
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	BUTING CAUSE OF DE	AID .	. MONTH DA							
-	NOTIFY MEDICAL EXAMINE	P.M.		19	21f LOCATI	ION	·			
WHILE			T FACTORY, OFFICE FA	ARM, ETC)	STREE		CITY OR TO	NN	COUNTY	STATE
AT WORK	ATWORK			77		907		2	(7)	
220.1 certi	fy the Othis hosp	ital) attended the	deceased from	86 -	15	19 86	_, to	<u> </u>		that (1) (we) lost
00000	he deceased alive or	ot) view the body o	Iter death.	, 0110		(our) opinion d	eoth occurred on the do	te and hou	r and Irom the	couses stated
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17	brown	2 one	Land Land	w	0	PHYSICIAN E	MEDICAL STAF	IAN 🗌	101	21 186
22d. PHYS	CIAN'S NAME (TYPE	OR PRINT)			22e ADDRE				onal Of	fice # 20
Но	ward S. F	reeland.	M.D.		5601 I	och Rav	en Blvd. Ba	1+1m0	MD MD	21239
	MATION, REMOVAL					CREMATORY	23d. LOCATION	OHILLO E.	re' in	End (2) 79
(SPECIFY)	urial	10/21/8				hodist	Forest Hi	11	Harfor	d MD
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LAND 2120	せざU 13a.	AL RESIDENCE (IF NURSI	136/19OUN		134. CITY OR TO	ne admission)	13d. INSIDE CI	TY LIMITS?	130 STREET ADDRESS /	ZIP CODE	Burt	040
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ING PHYSICIAN: The low requires that the death certained physicion. When this certificate has been signed by the attending physicion as the buriol-transit permit. Then please remove at one though and Mental Hygiene prior to buriol, cremation, or an orkedor them 18 shows any injury, or other traument.	CERTIFICATION	Conditions, if any, gove rise to imm couse (o), stofnic underlying couse PART 2 OTHER SIGN. No DATE OF OPERAT	which nediote g the lost.	DUE TO, O DUE TO, O DUE TO, O DUE TO, O DUE TO, O	e de la constante de la consta	DEATH BY	ALA NOT RESEATED	MAC/	DECKINI THE PROPERTY OF POSITION	70k AF YES, IN CERTIFY YES	had	GS USED
Do de DE	MEDICAL	OR CONTRIBUTING CONTRIBUTION CO	ALEXAMOREN ED (this hospit	21e. PLACE (A) HOME, M	.M. OF INJURY REEL FACTORY, OPTICE		PH LOCATIO	_, 19	. 10	iti	. (QUNTY)	hot (I) (we) lost
TO HOSPITAL OR ATTEN retained by the hospital TO FUNERAL INTECTOR should be detached for us with the State Dept. of He WINTERMENT: If them 21 is	7	Obove: (T) Two (Id	id aid not	16	y after death.		DEGREE A	TTENDING PHYSICIAN [MEDICAL STAF	1/	22c. DATE S	
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director harites S.Z.	eiler					25n DAT	E REC'D. BY REGISTRAR 2	5b. REGISTR	ĀR'S SIGNATI	RE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN DAY (TYPE OR PRINT) OF ESTI-ANNAT FF MCMILLION DeLUCA 10-3-869 3 SEX 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE 2d. HOUR PRONOUNCED Female White Oct. 3, 1986 3 P. DEAD a BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED West Virginia U.S.A. ☐ Harford County WIDOWED [DIVORCED II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION [170 USUAL OCCUPATION (TYPE OF WORK 12% KIND OF BUSINESS 136 North of Trappe Chur Rememekerroduce Darlington Pronece. USUAL RESIDENCE LIF IN NURSING, OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 21224 BY COUNTY 3a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore NO □ B929 E. Pratt Street 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jessie McMillion Nannie Williams 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 232-34-4707 Mrs. Clara Gross 1212 Janet Drive 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Multiple Trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES NO TY 71g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Passenger in auto collided with truck CONTRIBUTING CAUSE OF DEATH P.M. 10 1986 THE PLACE OF INJURY (ATHOME Md .TATE Darlington Harford AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Rt. 136 North of Trappe Church Road Street EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR; P
ATTER DEATH, WITH THE ST
BALTIMORE, MARYLAND, ST 22a I certify that I took charge of the remains described above, held on Inquiry and in my opinion Accident X death resulted from: Homicide Undetermined monner Suicide DATE 10-3-86 MEDICAL EXAMINER Md. 21078 EXAMINER'S NAME Luis E. Renjel, M.D. 464 Alliance Street, Havre de Grace, (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OF Burial 10-7-1986 Helly Hills Cemetery Baltimere, Maryland Jeseph N. Zannine Jr. 21224 Cenkling 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** we wandoon fandales (VR A15 ME (5)) 20M 4/82

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	1. SE	0 1	4 RACE	5. DATE MON	OF BRTH		TENTHONY) MILE		UHDER SAINES.
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1	0"	Rankin	G. Hamb	leton	15. MOTHER'S MAIDE Emma	N NAME MIDD	" Gre	arr arr	
B		VAS DECEASED EVER IN U.S		SOCIAL SECURITY NO.	17 INFORMANT		DRESS		
£		NO NO	2	15-32-894	4 Howard	W. Hamblet	on, Quar	ryvil	
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dory, o	N	PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTR	IBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN I	N.PART Top:	THE !
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9	12.0	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING C CAUSE O IN EITHER, NOTIFE MEDICAL DAM	FEATH HOUR A.M.	MONTH DAY YEAR		CCURRED (SHITE) SATURE OF	HAZLERY (HA TELMY) B. FORTY	(36 P-687 2)	
/	MEDICAL	214. INJURY OCCURRED WHILE IN NOT WHILE IN A LINGUE IN	Tie. PLACE OF IN (AT HOME STREET, 6)	GURY	TH. LOCATION	2/	1061	COUNTY	MATE
21 is mo		22x.1 certify that (I) (this has a saw the deceased always (I) (we)uzhid) (di	11212	6 10 00	and that in (my) (airr) op	inion death occurred on the	e date and how an		r (I) (we) last uses stated
# # # # # # # # # # # # # # # # # # #		17h SIGNATURE	Dym	1 M	DEGREE ATTENDS		STAFF YSICIAN []	10/26	186
PORTA	(JOHN !	D /4	N)	The ADDRESS	ne de	Froy	me	1
5/		KURIAL, CREMATION, REMO			CEMETERY OR CREMAT	CIT OF USA	The second second	DUNTY	STARE
=	24 F	UNERA DIRECTOR Lun	10/30/	86 West	Nottingha, 25	DATE REC'D. BY REGIST			Md.
7/84	19	relaid of	Goodie &	Lising Su	n md	NUV - 7 198	5 Julia D	Tinder . R	andres.



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220. I certify that (I) (the hospital) attended the deceased from 10.15. 19.66., to 10.22. 19.86., that (I) (we) lost sow the deceased alive on 10.22. 19.86., and that in (my) (per) opinion death occurred on the date and hour and from the causes stated obove, (I) (ye) (did) (did not) view the body after death. 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10.22. S1., 221 PHYSICIAN'S NAME (IYPE OR PRINT) EXAMPLAIN MITHAN 222 ADDRESS 131 S. UNION AYE. HAVRE DE GRACE TO STAFF PHYSICIAN 10.22. S1., 236. BURIAL, CREMATION, REMOVAL 236. DATE 236. DATE CREMATION REMOVAL 236. DATE 237. NAME OF CEMETERY OR CREMATORY 238. LOCATION CITY OR TOWN COUNTY STATE 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTR		W			(AT HOME, STRE	ET, FACTORY, OFFICE,	ARM, ETC.)		CITY OF TO	WN	COUNTY	STATE
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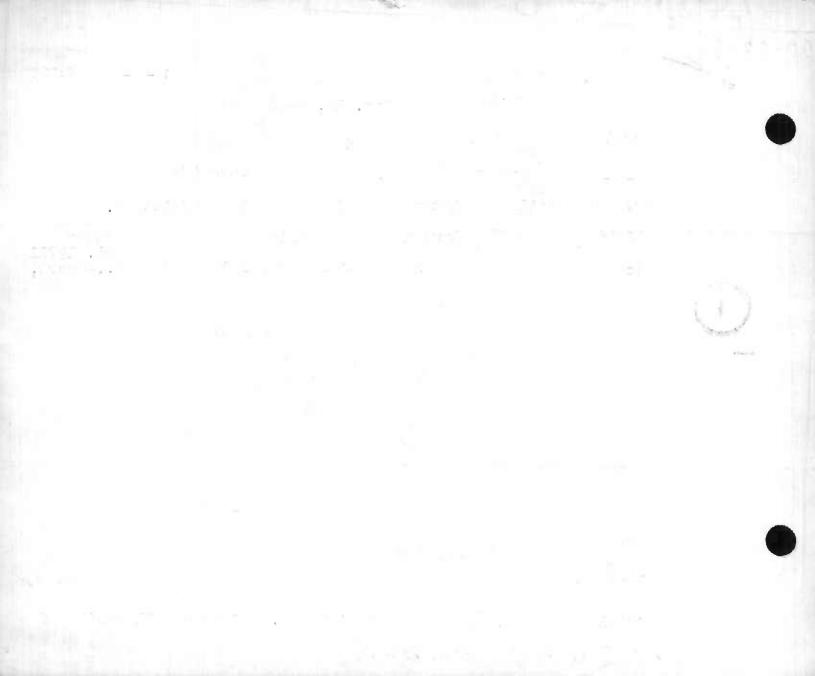
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DEPARTMENT OF HEALTH AND MENIFAL HY GIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 1. SEX IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH LISTATE ON FOREIGN NEVER MARRIED COUNTRY Maryland DIVORCED WIDOWED 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Foreman Machinery 13e STREET ADDRESS / ZIP_CODE A PATHER'S NAME 15. MOTHER'S MAIDEN NAME 11857 MIDDLE PARTY enora The WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LIES, NO OF UNICHOUSE 18 YES ONE WAR OF DATEST Νo same as II. CAUSE OF DEATH (Enter only one course per line for in-PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause in stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION THE DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES -NO [21s. ACCIDENT WAS UNDERLYING [] 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTEY MEDIC ALEXAMINERS P.M. JIE INJURY OCCURRED 21f LOCATION 11e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STATE 100000 NAME TOWN 22s.1 certify that (1) (this haspital) and ded the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred of the date and hour and from the couses stated above, (1) (we) (did) (did not) view 77s SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY STATE Bel Air Mem. Bel Gar. Air Md. 24 FUNERAL DIRECTOR 25a, DATE REC'D. BY REGISTRAR 25b. REGISTRAR DHMH - 16 60M 7/84 Gladden Kurtz (VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-21649 CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) 00 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS DAYS HOUR5 STATE DEPORTION 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH W. PRESTON ST., BALTIMORE, MARYLAND 21201 RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 15. MOTHER SIMAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. 17. INFORMAN (YES NO OR HINKHOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART III CERTIFICATION Duns 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 206. IF YES, WERE AINDINGSUSED IN CERTIFYING CAUSES OF DEATH? NOF YES NO [21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK 220.1 certify that (1) (thus hospital) attended the deceased from sow the deceased alive an. and that in (my) four) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22h SIGNATUL DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL should be deta with the State DIRECTOR PHYSICIAN 22± PHYSA 22e ADDRESS CREMATION, REMOVAL 230 NAMPOF CEMETERY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 (VR A 15 (4))

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d within	-	THER'S NAME John	WIDDIE	Lawson	n	IS MOTHER'S MAIDEN NA Susie			ump
a chocute		VAS DECEASED EVER IN U.S. AS DECEASED EVER IN	ARMED FORCES? GIVE WAR OR DATES)	Unkown	IRITY NO.	Ruth Fora	ker 109 Du	ESS Del	. 1971
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	quire sign fhen to bu	Z O	TART 2: OTTER GIOTAL COL								
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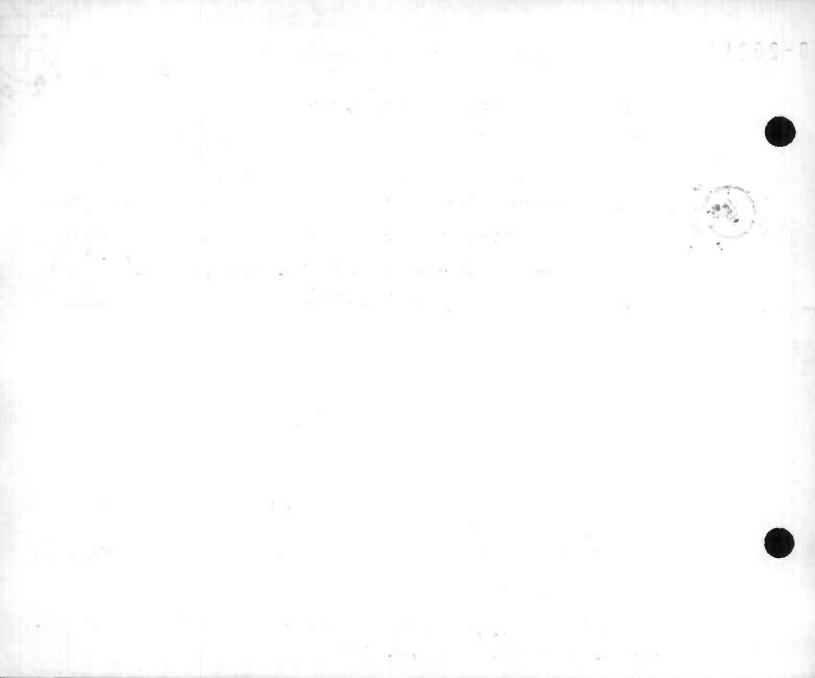
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2	1 5 规扩		VAS DECEASED EVER IN U.S. AF	MED FORCES?	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	ADI	PRESS		
BALTIMORE	1、2000		No	VE WAR OR DATES!	578-36	-255	D Mrs.Marga	ret A.Ha	ves.Sa	ame as	above
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, 20	n ple puric		PART 2. OTHER SIGNIFICANT	CONDITIONS C	QNTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CO	NDITION GIV	EN IN PART I to	
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ECO.	% Pee	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?		YING CA SES	
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O	HYS Iding his co	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY	-	216. LOCATION	CITY OF	TOWN	COUNTY	STATE
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	O # 1 # 3 3	ξ	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY, OFFICE, F	FARM, ETC.)	SIKEEI	(1170)	TOWN.	COUNTY	STATE
0	or or see os see os mor mor		22a. I certify that (I) (this hosp	nati attended th	e deceased from_		0/12 19 8	6, 10 10	123	19 86 , 1	that (I) (we) last
	TTEN Dittal TOR for u		saw the deceased alive or above, (1) (we) (did) (did no	t way the had	ofter death	, a	nd that in (my) (our) opinion	death occurred on the	date and hav	and from the c	causes stated
	OR ATT		22b. SIGNATURE	1/	difer death.		DEGREE			22t. DATE S	SIGNED
				III.			ATTENDING	MEDICAL S DIRECTOR D PHY	TAFF SICIAN []		
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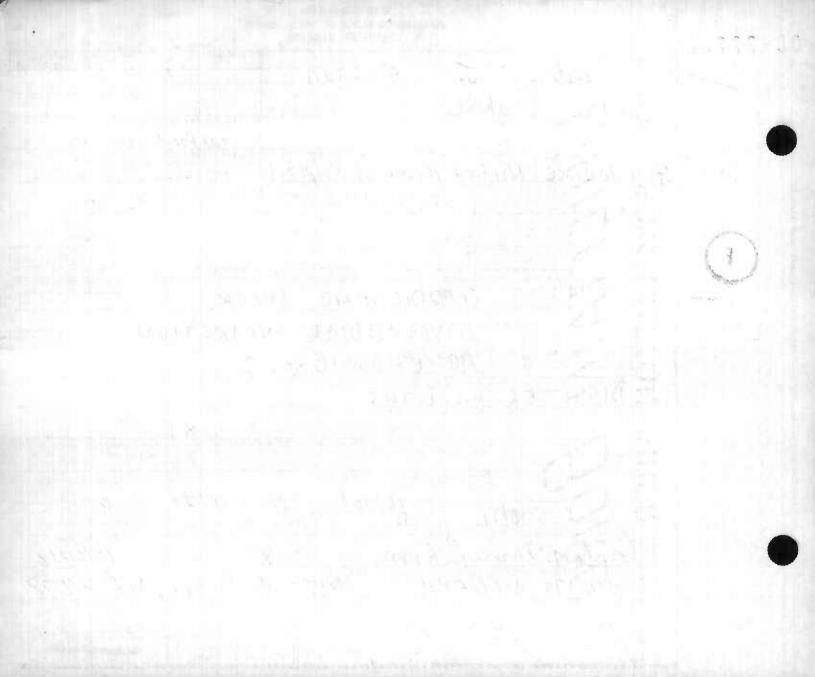
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTS INNIE 4 RACE 3 SEX A AGE (IN YEARS LAST BIRTHDAY) MONTH LIHITE FEMALE Sep.15.1904 To BIRTHPLACE I STATE OR FOREIGN b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky WIDOWEDIX DIVORCED [HARFORN 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE MEMORIAL Homemaker 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 343 Carter St./21001 Marvland Harford Aberdeeen YES X NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIGGLE FIRST UNK UNK 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) K.J.Fuqua, PO Box 74, Beaver Dam, KY, 42320 NO N/AAPPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating underlying cause OMDITION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 2060 F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [710 ACCIDENT WAS UNDERLYING 71s. TIME OF IN 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR AM YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION CITY OF TOWN COUNTY STATE STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED EDICAL DIRECTOR PHYSICIAN 22e ADDRESS 2100 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Removal/Cremation 10/29/86 West Chester, Chester, PA R.A. Ferrsi and Co. DHMH - 16 60M 7/84 Tarring Funeral Home, PA, Aberdeen, MD, 21001-3399 (VRA 15, 4)

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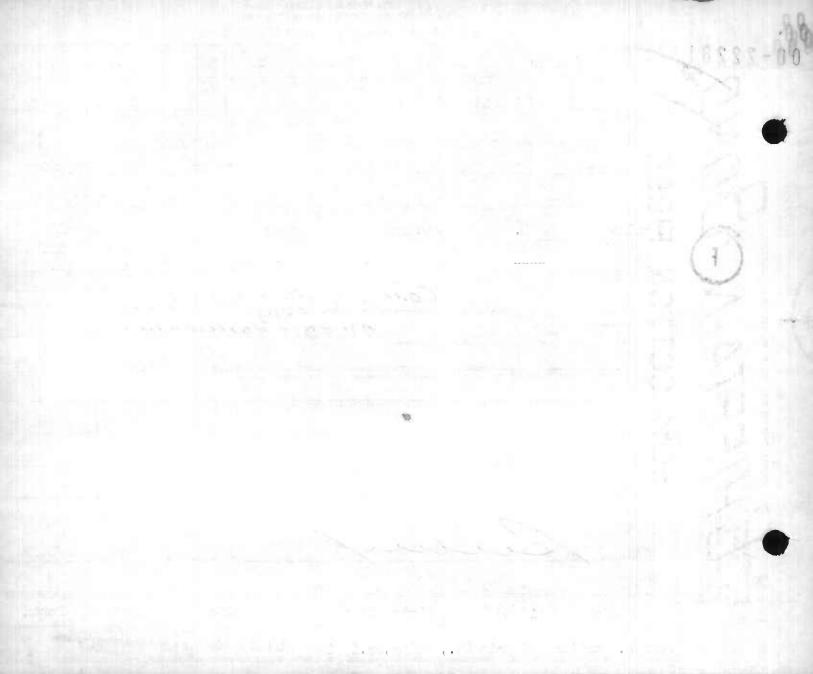
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME MONTH YEAR 2b. HOUR (TYPE OF PRINT) 86 BERNARD G. HERR 10 16 6:45p 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 10 - 1907 Male White 79 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. HARFORD County Pennsvlvania WIDOWEDK DIVORCED | 71. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR CITIZEN NURSING HOME (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAVRE DE GRACE Supervisor/Ret.Pantry Pride Balto. Md. NI COUNTY 13c. CITY OR TOWN Baltimore Darrich Dr. Maryland NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Lewis Anna Herr George ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Mr. Joseph Schultz 1804 Darrich Drive 188-03-0880 18 CAUSE OF DEATH (Enter only one couse per fine late) that mind it PART I. DEATH WAS CAUSED BY: reum IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating underlying couse OTHER STUNDED AND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO CERTIFICATION JB. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART ?) DAY YEAR HOUR A.M. ов сонтиватью Г OF ETHER MEDICAL EXAMPLES TH LOCATION 21d INJURY OCCURRED HE PLACE OF INJURY U CITY OR TOWN STATE STROME STREET FACTORS, OFFICE, FARM, 44 220.1 certify that (1) (this hospital aftended the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN FUNERAL id be de the State 77d PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADRR 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 236. DATE Cremation 10-17-86 Security Process Baltimore, 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Joseph N. Zannino Jr. 263 S. Conkling St (VRA 15, 4)

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TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTE DEATH, WITH THE ST BALTWORE, MARYLAND, 2	230 1	(TYPE OR PRINT)			23c NAME OF CEA	ADDRES	33	111ance	JI. NdV	TE DE	mace,	FID
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DHMH - 17 (VR A15 ME (5))	Jo	hn H. Ha	rkins 60	00 Main St	., Delta,P	a.17314	OCT 2	27 1986	Tribandes	A Company	The Control of the Co	Δ.

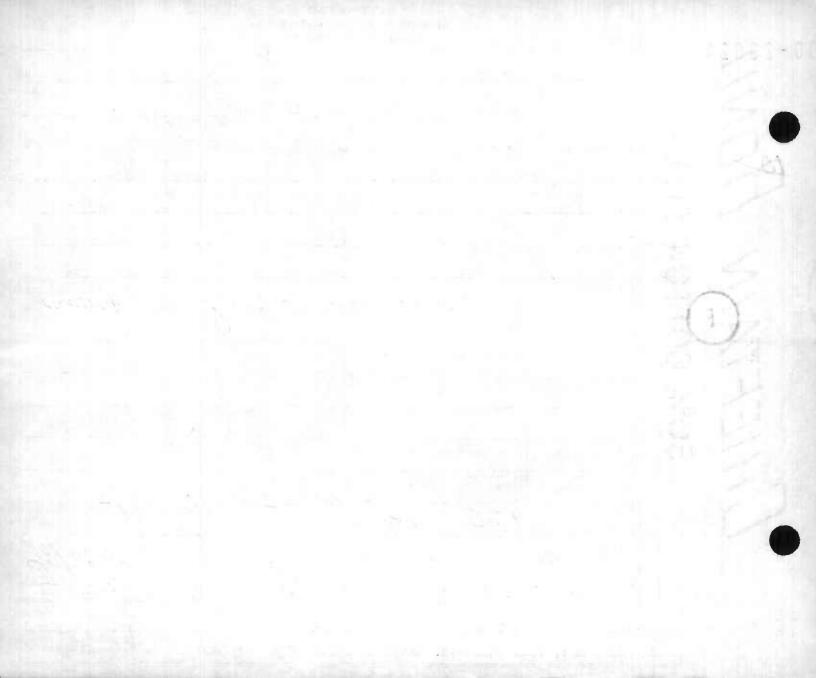


DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

EWIS T. GWYNN 4517 PARK HEIGHTS AVENUE

250 DATE REC'D. BY REGISTRAP 255. REGISTRAR'S SIGNATUSE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	REGISTRAR				CERTIF	ICATE OF DE	ATH	Q U	EG. NO.		
		CEASED NAME OR PRINT)	HARV		Edward	ι	KEYES.	SR	20. DATE OF DEA	10 -	05-86	HOUR 10
7	3. SE)	WalE		4 RACE	HE	5. DATE C		YEAR	6 AGE (IN YEARS	YRS		IF UNDER 24 HRS HOURS MIN.
177	J	RTHPLACE (STATE COUNTRY)	1	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MA	RRIED -	9 BALTIMORE O	FORD	ITY OF DEATH	M
Z	FA	LLSTON (2	(440	FALLST O	HOSPITAL, NURSING HEACILITY, GIVE STREET ON GENER	RAL /	HOSPITAL		12a. USUAL OCC (TYPE OF WORK FOR			DF BUSINESS OR
2	13a. S	AL RESIDENCE (IF NO	13b COU		136. CITY OR TOW	N .		10 🔯			DE READ	21050
7	14 FA	THER'S NAME FIRST Unknown	_	MIDDLE	KEYES		15. MOTHER'S A	U	nknö	w n	LA	51
/	- 0	VAS DECEASED EVI YES, NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	16h SOCIAL SECU 216-18-0		mr. clair		- 6	ADDRESS C. Bup 5:	marylan	(21050
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			V	100	-	19	·) ATT	TENDING TYSICIAN E	MEDICAL DIRECTOR .	HYSICIA I	500	1.1986

230. BURIAL, CREMATION, REMOVAL

23b. DATE Oct.8,1986

NAME OF CEMETERY OR CREMATORY BEI for MEmorial Gardeus

33d LOCATION
CITYORTOWN

BEI Air, Harford Ce, MARYMAN 27014

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be detoched for use os with the State Dept. of Heolth

TO FUNERAL DIRECTOR: After this certificate has been

ORTANT: If Item 21 is marked of Item 18

7:000-3: LEGIT (and so of a sell topics) by the sell described to the sell of the sell reme for the first regard and says and the same of the The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a. DATE OF DEATH 1. DECEASED NAME MIDDLE MONTH 26 HOUR (TYPE OR PRINT) 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH 3. SEX 4. RACE MONTH YEAR HITTE February 4, 1918 68 7a BIRTHPLACE 1 STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Maryland U.S.A. WIDOWED DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AISOMS Welder - Amtrak Railroad ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c. CITY OR TOWN 113d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Cecil Elkton NO X Maryland 65 Farah Drive 21921 SEATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Frank Kline Verla W. Laird ADDRESS I WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. 17 INFORMANT LIFYES GIVE WAR OR DATES) No 216 03 6441 Ruth B. Kline, 65 Farah Drive 21921 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PARTA 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CERTIFICATION 19n DATE OF OPERATION WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE STREET AT HOME. STREET FACTORY OFFICE FARM ETC) NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from_ sow the deceased alive on and that in (my) (aur) opinian death occurred an the date and haur and Iram the causes stated abave, (1) (we) (did) Adid not view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME LIVE OF PRINTS 22e ADDRESS 5 4 Dr. Leticia S. Galvez, M.D. 625 S. Union St. Havre de Grace, Md. 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) ITY OR TOWN Burial 10/20/86 Gilpin Manor Mem. Park Elkton Cecil Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 - Landelle Jandelle Elkton, Md. Hicks Home for Funerals. (VRA 15, 4)

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21656	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0
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TA I	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF	DEATH MD.
E AT	CITY OR TOWN OF DEATH	Harford Mes	novial Hospital		ZIB KIND OF BUSINESS OR NDUSTRY
		ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW Perryvi	11e 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 1483 Clayton St.	21903
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medica .	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) NO	RMED FORCES? 166 SOCIAL SECU 219-76-		ce 1483 Clayton St	., Perryvill
prease remake cara urial, cremation, or r	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	(b) DUE TO, OR AS A CONSEQUE	ENCE OF	,	Zone yea
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with the State Dep	1734 PHYSICIAN'S NAME (1944) E AW AR	or and Chor	M ATTENDING PHYSICIAN TO AMORESS Haure	MEDICAL STAFF DIRECTOR PHYSICIAN []	10/14/86 d, 21078
and the state of t	BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY ASbury Cemetery	Port Deposit Cec	

DHMH - 16 60M 7/84 (VRA 15, 4)

Patterson & Son, Perryville, Maryland

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

	1			MARYLAND		
	1-	FOR STATE	DEPARTMENT OF HEALT			1 3 1
00-21657		REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF D	SATH REG. NO.	
00-21031		CEASED NAME TO	ARRES	LAST	20. DATE KNOWN MONTH	AY YEAR 76. HOUR
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TO MEDICAL EXAMINER: EXECUTE HE CERTIFICATE PAGE 4 SHOUD BE FOR TO FUNERA DIRECTOR: AFTER DEATH, WHITH THE BATTIMORE, MARYLAND,	-	EXAMINER'S NAME 415 E	EN 46 6, 111.1).	ADDRESS 764 1	1/ANCE THAIRE	1166MCE
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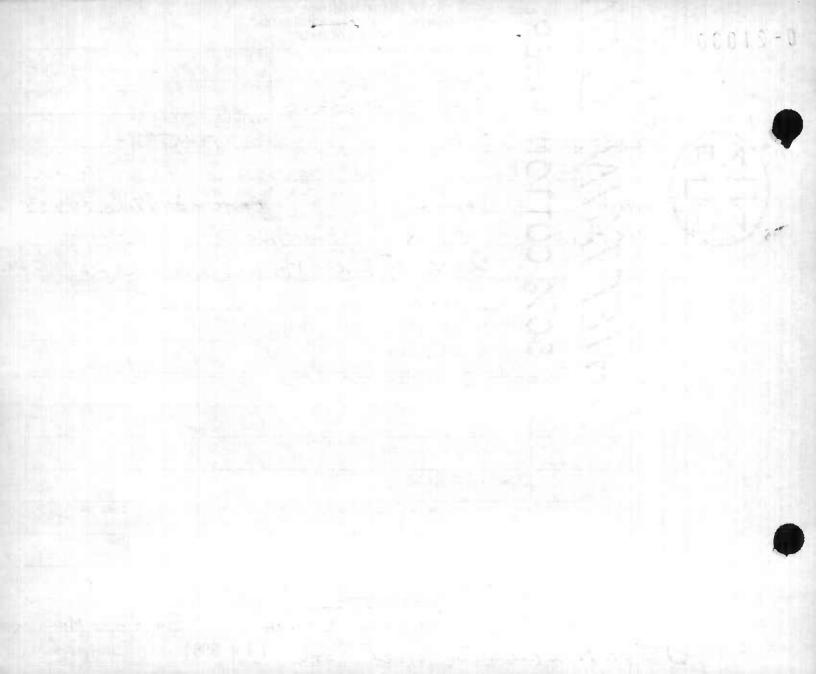
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ERAL DIREC e detoched State Dept.		Walter,		DIRECTOR PHYSICIAN P	14,150
		22d PHYSICIAN'S NAME (TYPE) SURIAL, CREMATION, REMOVAL	PHYSICIAN DEPHYSICIAN DEPHYSIC	DIRECTOR PHYSICIAN DIPLOCAL 23d. LOCATION Perryman Ana)	14,180

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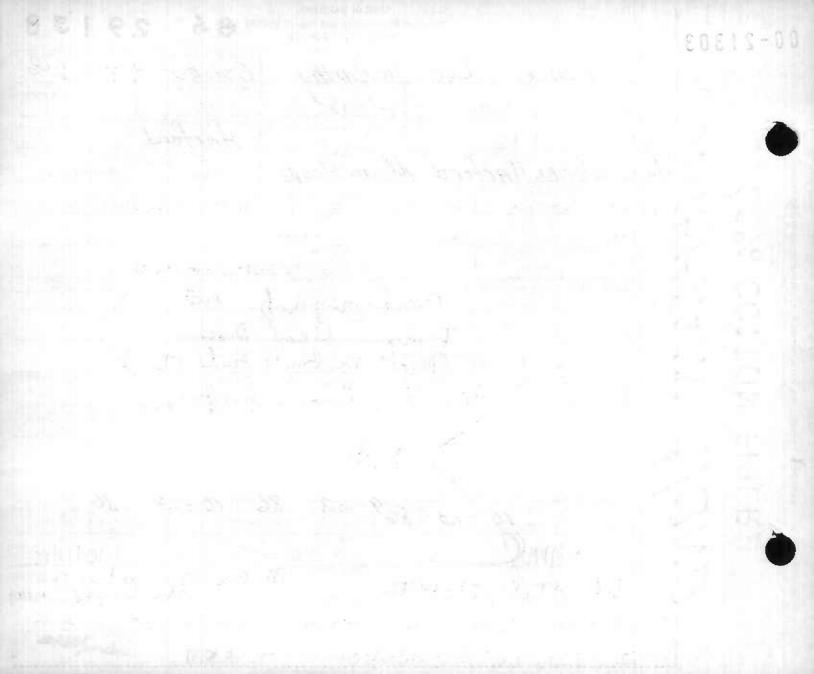
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ge 4 mo ector, po rrs after c	3. SE		4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Page 4		Female	White	July 29 191	3 73 YRS	
P & ho dir		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	JNTRY? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
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NG PHYSICIAN: The low requires the other ding physicion. Itel this certificate has been signed to as the buriol-tronsit permit. Then plea as the buriol-tronsit permit. Then plea he and Memol Hygiene prior to buriol, or ded at them 18 showpony injury, or or held at them 18 showpony injury, or or them 18 showpony injury.	CERTIFICATION	19s. DATE OF OPERATION	Tim compition con	WHICH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
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AL OR A the hos Al DIREC detached are Dept.		Maric	· Xoraley	ATTENDING	MEDICAL STAFF	9/25/86
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F = - 4 / 3 .	23e.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATOR	CITY OF TOWN	COUNTY STATE
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(VRA 15, 4)	C	onnellyFuner	alHome 300M	MaceAve.21221 S	EL 50 1300 1	

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SARY, PLEASE AL DIRECTOR. YOUR FILES. IN 72 HOURS	3 5	SEX	4 RACE	5. DATE OF BIR	YEAR	6 AGE (IN YEAL		DAYS HOURS	R 24 HRS. 2c	DATE	MÔNTH	DAY YEAR	2d HOUR 9PM
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BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. SCRETFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER LEATH. IF RETING THE WORD "PENDING" IN PENCIL IN ITEM 1 GAVE PAGGS 1, 2, REED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FREM PAGGS 2 ON D 2 SI ES SHOULD BE USED AS A BURIAL "TRANSIT PERMIT PAGGS 3 ON D 2 SI ET SHOULD BE USED AS A BURIAL "TRANSIT PERMIT PAGGS 3 ON D 2 SI ET SHOULD BE USED AS A BURIAL "TRANSIT PERMIT PAGGS 3 ON D 2 SI ET SHOULD BE USED AS A BURIAL "TRANSIT PERMIT PAGGS 3 ON D 2 SI	Swall S		SIGNIFICANT CONDITION	NS CONTRIBUTING TO OR	EATH BUT NOT REL	ATEO TO THE TERMI	NAL OISEASE OR (CONDITION GIVEN IN	PART Lia.				
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CAL EXA THE CER SHOULD SATH, WIN	\$	ACTUAL	11/	un	-An	_		Assistan	t MEDIC	AL EXAMINER	DATE	p_9/15/	86
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TO ME EXECU PAGE TO FU	230	BURIAL CREMA	ATION, REMOVAL			NAME OF CEM		WE 60	23d. LOCA		-O.I.II).		
07/84 BP 293	3	Burial		Sept.18,							rford	Md.	STATE
25M DHMH - 17		FUNERAL DIRE	CTOR	ADD	2230		- 10-0	25e. DATE	REC'D. BY R		GISTBAR'S S		
(VR A15 ME (5))) Ho	ward K.	McComas	III, Ab	ingdon	,Md. 21	009	S	FP 18	1086	numitation of the second	a a finance	- 1

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEDIE FOR - STATE REGISTRAR REG. NO . DECEASED NAME KNOWN MONTH TYPE OR PRINT OF ESTI-FUNERAL DIRECTOR: F 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET, Enward MARTINHU DEATH MATED 3. SEX 4 RACE IF UNDER 24 HRS 2d HOUR DATE MONTH 2 001 LAST BIRTHDAY) PRONOUNCED 19 DEAD BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED WIDOWED 12b. KIND OF BUSINESS ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OCCUPATION (TYPE OF WORK SUCH FACILITY, GIVE STREET ADDRESS) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 T3d. INSIDE CITY LIMITS? 13e STREET 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST ADDRESS ARMED FORCES? APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. MAMEDIATE CAUSE (a BURIAL - TRANSIT accident Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) OF HEALTH CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DISTRIBUTION BY A PAGE 3 SHOULD BE USED SHERE TO SHOULD BE USED SHERE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an and in my apinian Inspection Inquiry death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 464 alliance ST Haure RENIEL 230 BURIAL, CREMATION, REMOVAL 23b. DATE BP 24 FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)

20M 4/B2



	1	500				F MARYLAND			1	0
21015	1	FOR STATE REGISTRAR		DEPAR		ATE OF DEATH	GIENE 5	REG. NO.	29	137
21013		CEASED NAME	FIRST	MIDDLE	LAST		2a. DATE OF		DAY YEAR	26 HOUR
3 75 C	1	ER PRINT)	wendul	IN F.	mo	oring.		10	09 80	12:50 E
1 87 B	1.58		4 RACE	11 /~ /	5. DATE OF		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
4 90 C		Female.	Blo	ich	03	16 37	2	49	rrs.	S HOURS MIN.
2 40 /40	70. E	IRTHPLACE (STATE OR FO	DREIGN 76. CITIZEN O	F WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMOR	RE CITY OR CO	UNTY OF DEATH	
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1 11 8	10.0	Fallston)		F HOSPITAL, NURS		OTHER INSTITUTION	TIPE OF WORK	CCUPATION FOR MOST OF WORK	ING LIFE) INDUSTR	of BUSINESS OR
1 110	Ust	AL RESIDENCE (IF NURSIN	NG HOME OR OTHER INSTITUTION		ORE ADMISSION)				£ 100	ewood.
に到電子	3	mD	Harfors		0	IL INSIDE CITY LIMITS?	190	DDRESS ZIP	OOK SID	e Drive
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B # 1	1)	Lewis	MIDDLE	Clark		Mildred		Lula	Golds	sboro
and co		WAS DECEASED EVER IN	U.S. ARMED FORCES		CURITY NO. 17	INFORMANT		^{AD} E dge	wood, Md.	
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physicii poper novol.		PART I. DEATH WA		er fine for (a), (b),	A 1	nowAr	V	ARRI	BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
cert ling rrbor or rer		1	MMEDIATE CAUSE (a)_			0,-0, 10,1	1	111-100	-71	1
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9 2 9 9 2 7	7 일						YES 🗍	NO[]	ERTIFYING CAUS	ES OF DEATH?
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No state of	1 3	OR CONTRIBUTING CA	AUSE OF DEATH	A.M. MONTH P.M.	DAY YEAR					
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E1 825 5		saw the deceased	d alive and did not view the box	dy after death.	O. and	that in (my) (aur) apinio	n death accurred	on the date an	d have and from th	ne cause stated
Charles Charles Dept	1/	226. SIGNATURE	1	X/	DE	GREE	Burnicu	CTAPE	22c. DA	TE/SIGNED
五年 五日日	1		MUN M	Y	101	PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [] /0	11/86
oned by Control of the State of		22d PHYSICIAN'S NA	NE (TYPE OR PRINT)	MANS	SMD	2e ADDRESS	BELA	100	mari	LAND DOG
08 5413	230	BURIAL, TREMATION, R	EMOVAL 23b. DATE	23	C. NAME OF CEM	ETERY OR CREMATORY	23d LOCA	TION	COUNTY	STATE
BP		Cremation	10-14	4-86 F	R.a. Fer	ris Co.		ester	Chester	Pa.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		ADDRESS		25a D/	ATE REC'D. BY RE		EGISTRAR'S SIGN	ATURE
(VRA 15, 4)	F	loward K. Mc	Comas III.			1009	OCT 15	1000		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) BYRON AMES 8 3 SEX 4 RACE 5 DATE OF BIRTH IF UNDER I YEAR WhitE MALE August 22 1911 Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH IRTHPLACE (STATE OR FOREIGN COUNTRY) HAVE SON DUT MARRIED NEVER MARRIED VirginiA WIDOWED DIVORCED | 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY (21047) WELdim Supervisor ShipYard 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 310 East BELONEST ROAd Harford Co. BELAIR (21014) Maryland NO IX 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST morris JAMES MAE 17 INFORMAN(W:4E)838-4560 ADDRESS TO EAST BEICIEST ROAD 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO LIF YES GIVE WAR OR DATES! (YES NO OR UNKNOWN) Mrs. METERITH E. Morris Bel Air, Maryland 21014 213-01-5054 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 20h IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX Hygi 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY AT HOME STREET, FACTORY OFFICE FARM ETC) CITY OR TOWN WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceosed olive on obove, (I) (we) (did) (did not) view the body ofter death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE 22¢ DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D Oct. 16, 1986 MPORTANT 22e ADDRESS ld b 2003 Rock Spring Road, Forest Hill, Maryland 21050 JOSEPH A. REINHARDY 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY BUTIAL STATE COUNTY Oct. 18, 1986 MORELAND MENEZIN PARK BAltmore SEPH William Foster So W. Broadway & Localianis 3 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 BET Air Maryland 21014 (VRA 15, 4)

- 27012-03

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.			
I. DECEASED NAME	FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26. HOU	JR
(TYPE OR PRINT)	walt	er Norman	Moulsdale	10	16 86	111	A
3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER	24 HRS
Male		White	Nov.20,1914	71 _{YRS}	MONTHS DAYS	HOUR5	MIN.
To. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
Maryland		USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Harford			М
IN CITY OF TOWN OF	DEATH	11 NAME OF HOSPITAL NURSIN	IG HOME OF OTHER INSTITUTION	12a LISUAL OCCUPATION	12h KIND C	E BLISTNE	C 223

Memoria 13b. COUNTY Abingdon

Harford

MIDDLE

13d. INSIDE CITY LIMITS

NO X

15. MOTHER'S MAIDEN NAME

3808 Longley Road

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDU

21009

Maryland Joseph

CERTIFICATION

MEDICAL

00

Moulsdale Job SOCIAL SECURITY NO

Leanor 17 INFORMANT

YES [

Harward Abingdon, Md. 2100 9

ARMED FORCES?

220-22-0170

Mrs Mae Moulsdale, 3808 Tongley Road

70a AUTOPSY?

110	Applie U	LL OITO TILL	Jarac Indian	220/ 0000 2	0119207 1000	
II. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIAT	y one couse per A for O BY CAUSE (o)	ute any	o Cardia	2 Infan	etio Suda	E.
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CO	ONSEQUENCE OF	y Artenj	Disea	26 ?	
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBU	TING TO DEATH BUT NOT RE	LATED TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART Tra	

The second secon	
Ja. ACCIDENT WAS UNDERLYING DEATH	216. TIME OF INJU
OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. A

NONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAUSES OF DEATH?

LIE FITHER NOTIFY MEDICAL EXAMINERS P.M 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211 LOCATION

CITY OR TOWN

220.1 certify that (1) (this haspital) attended saw the deceased alive on

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

206. IF YES, WERE FINDINGS USED

239 BURIAL CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

190. DATE OF OPERATION

Oct.19,1986

Abingdon Cokesbury U.M. Cemetery,

Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Howard K. McComas III, Abingdon, Md. 21009

DIVISION OF VITAL RECORDS, 201

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The second the fact the second to the second

DHMH - 16 60M 7/B4 (VRA 15, 4)

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Tarring Funeral Home, P.A. Aberdeen, MD, 21001-3399

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Market Comment

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			PE OR PRINT)	LIK21		MIDDLE		LAST		20	OF ESTI	J	TH DAY	YEAR	26 HOUR
35	R HIES. HOURS STREET,	2.05	V	CHARL		CHEST		OWEN			DEATH MATE	D X 1		19 86	M
100	Sign Sign	3. SE		RACE	5. DATE OF BIRT	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA			DATE RONOUNCED			YEAR	12:23 P M
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A PA	Z Z	JJC	hn	Lloyd	_	wens	1001		Ruth		Ada	E	urgu		
PAG	CN	1 160.	WAS DECEASED E		MED FORCES? WAR OR DATES)	16b SC	OCIAL SECURITY N	10. 17. INI	FORMANT		01a	DŖESS	2	21085	
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8.0	3 2 6		18 CAUSE OF I	DEATH (Enter on	ly one cause per l	ine for (o), ((b), and (c).)						AF	PPROXIMATE WEEN ONSET	INTERVAL
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WORD'	호황/	E												YES X	NO 🗌
NH N	AEN O B	CERTIFICATION	21a. EXTERNAL			OF INJURY	H DAY YEAR	21c. HOW IN.	JURY OCCURR	ED LENTER NA	TURE OF INJURY IN I	ITEM 18 PART 1 OF	PART 2)		
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R. P.	D, 2				e of the remains	describedu	have held an	Autopsy XX	. Inspecti	on \square	Inquiry .	and in my	ODIDIOS		
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T.S.	NE.	1	SIGNATURE_	C WV	V 4	1		M.DA	ssistar	MEDIC	AL EXAMINER	SIG	NED	0-2-8	0
SE 4	FR DE	1	EXAMINER'S NA	AME Cha	arles P.	Kokes	s, M.D.	ADDRE	ess 111	Penn	St., Ba	lto.,	MD :	21201	
EXECL	TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	230.	BURIAL, CREMATIC	/			NAME OF CEME			23d. LOC					
3/	10		Burial		ct.4.198	06 5	Parkwood	Comoto	V7.7	CITY OF	timore		1to	M	
Dr=	_		FUNERAL DIRECTO	OR .			arkwood.	CEILETE	250. DATE		EGISTRAR 25b				4.0
DHMH /R A15		T.T.	ward K.N	MaComa c	TTT 76		MA 210	na	OCT	031	186	www.da	-	متعالىدو	
	. , ,	1 (7)	Wall a	TALLICES .	LLL: AU	LIVIVI	Lerita CIU			11.7			Au P		



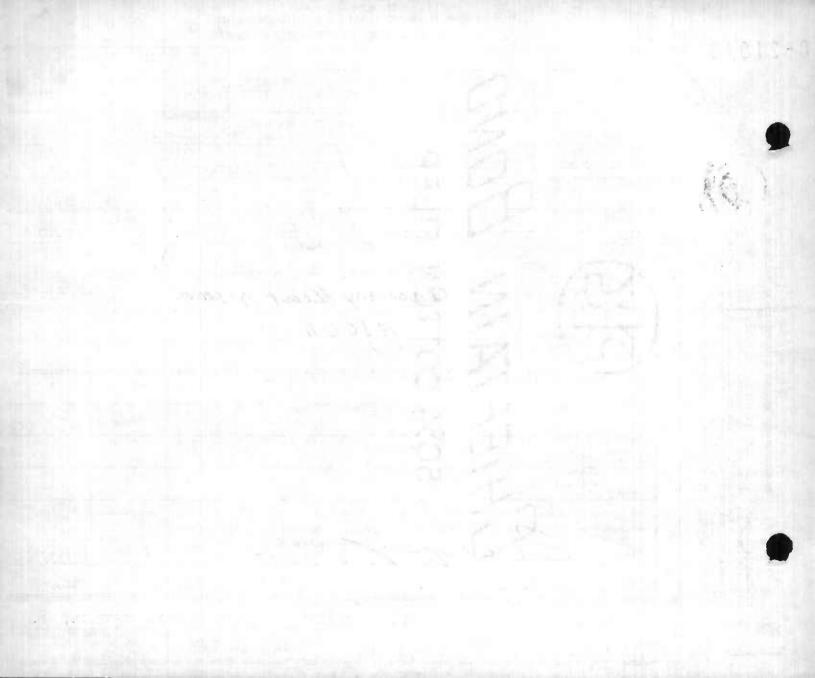






	1010	1-	FOR STATE REGISTRAR		MED	ICAL E	XAMINER'S	CERTIFICATE	OF DEAT	H O REG. N	2 9	long	.3
1-2	1016 Weight //	TYP	CÉASED NAME E OR PRINT)	Fred	DONA	MIDDLE	Rac	ine	2 a	OF ESTI-	10/1	2 19 86	26 HOUR 9 31 9 P M
	Pr. PLEAS DIRECTOR DUR FILES TO HOUR	3. SE)	4. F	ACE W	5 DATE OF BIRTH DAY 4 29	YEAR 32	AGE (IN YEARS IF U LAST BIRTHDAY) MON		ER 24 HRS 20 MIN PR	DATE CONOUNCED DEAD	10/1	DAY YEAR	2d HOHR
	POR NEEDS	7a. B1	RTHPLACE (STATE REIGN COUNTRY) VIRGIN	OR	75. CITIZEN OF WH.		MARI	RIED XX NEVER MA	RRIED 9	Harford	OR COUNTY		MD
*	S S S S S S S S S S S S S S S S S S S		TY OR TOWN OF Vre De G	DEATH	11. NAME OF HOSP		SING HOME, OR OT	HER INSTITUTION	12e USUA FOR MO	LOCCUPATION (TYPEST OF WORKING LIFE)		OR INDUST	
21281			L RESIDENCE (# 1) TATE MD	136. COUN	r other institution, give TY rford	13c. CITY C	FORE ADMISSION) OR TOWN TO De (Frac	13d. INSIDE CITY LIMITS		T ADDRESS Seneca A	ve.	21078	3
RE. MD.	See No.	0	FRED		DAVID	F	RACINE	15 MOTHER'S MA FIRST HELEN	IDEN NAME	MIDDLE R.		BORLA	ND
BALTIMORE	S AFTEI GIVE P ITH FOR PAGES IVISION		VAS DECEASED E' ES, NO, OR UNKNOWN] YES	(IF YES, GIVE	MED FORCES? WAR OR DATES) DREA		28 9282	Margar	et(wife	ADDRESS e) same	5	_	
			18. CAUSE OF D PART I DEATI	WAS CAUSE	E CAUSE (o)	01	ZONAN	Heers	4 1) (1	LOCR		APPROXIMAT BETWEEN ONS	E INTERVAL ET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	EXECUTED WITHIN 24 IN THE STORY OF REMOVA		gave rise	if any, which to immediate ting the <u>under-</u> ost.	(b) DUE TO, OR A			CUD					
FCORDS	HOULD BE EXECUSED. CHIEF MEDICAL USED AS A BUI OF HEALTH AN JRI CREW TI	TION	PART 2 OTHER SIGNIF		CONTRIBUTING TO OEATH B	4	O TO THE TERMINAL DISEA		PART 1 to			20 AUTOPSY	
VITAL	SHOULD ORD "P CHIEF BE USED AT OF HE	CERTIFICATION										YES 🗆	NO []
ONO		MEDICAL CE	21a EXTERNAL C UNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK	OR CAUSE OF I	21b. TIME OF HOUR A.M. DEATH P.M. 21e PLACE O STREET, FACTO	MONTH	19 14T HOME, 211 LG	OCATION STREET		CITY OR TOWN	COUN		STATE
•	CAL EXAMINER: THE CERTIFICATE HOULD BE FOR RAL DIRECTOR: RALL WITH THE RE, MARYLAND,		220 I certify to death resulted to ACTUAL SIGNATURE	not I taok charg rom: Natu	e of the remoins descriptions descriptions &	Accident	, Suicide	psy . Inspec , Homicide . TITLE (SPECIFY) M.D. Deputy]. Undeter	Inquiry , a mined manner ,	DATE SIGNED		3/86
	TO MEDIC EXECUTE PAGE 4 S TO FUNE BAFTER DE	23a.B	URIAL, CREMATIO		E. Renjel		AME OF CEMETERY	_ADDRESS	123d LOC	ation	re De		MD
07/8 25M	34 BP	24. F	BUR! UNERAL DIRECTO NAME TOHELL FUN	R	160CTOBER86		ANGEL HILL (HAVE	RE de GRACE, EGISTRAR 256 REG	HARFOR	CO.,	MD.
	(AK WID WE (D))	1011	TOTALLE TOTAL	LIVIL HOME	. in invite t	JO GIVAL	-, 11D ZIO/O		1.5	u u			

STATE OF MARYLAND



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	REG. NO.
-	REG. TOO.

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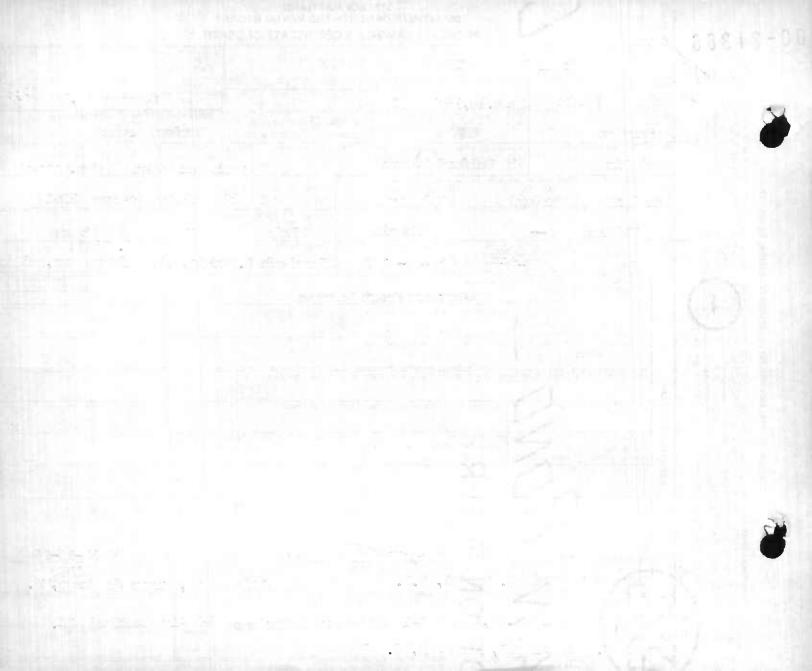
	REGISTRAR		CEKIIF	ICAIL OF DEATH	O REG. NO	. En 9	4 0					
	PECEASED NAME FIRST	MID	DIE	A51		MONTH DAY YEAR	26 HOUR					
1	Maude	Estel1	e Clark Re	eadmond	October 2	24. 1986	, M					
1.3	έx	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR						
L	Female	White	Dece	ember 15,1891	94	YRS DAYS	HOURS MIN					
70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8		9 BALTIMORE CITY O							
N	farvland	USA	WIDOWE	DENEVER MARRIED DIVORCED DIVORCED	Harford Co	nintv.	AAD					
-	CITY OR TOWN OF DEATH	II. NAME OF HO	SPITAL, NURSING HOME C	The state of the s	120 USUAL OCCUPATION	ON 126 KIND	OF BUSINESS OR					
1.	Belair		Convalescent	Home	Housewife		naking					
Ųs	UAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GI	VE RESIDENCE BEFORE ADMISSION)				laking					
N		timore	Baldwin	YES NOXX		Iston Drive,	#21013					
127	FATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		AST					
V.	Thomas	C1	ark	Dora	7.10010	Hancock						
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	55 Baldwin,Ma	ldwin, Maryland					
1	No -		213-74-4050	Mrs. Gail M.	Riebel, 1360	00 Alliston	Dr.21013					
Г	III CAUSE OF DEATH Enter	anly ane cause per lin	•	APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH							
	PART I. DEATH WAS CAU											
	DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which (th)											
	gove rise to immediate											
	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
	(c)											
2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
CERTIFICATION	190 DATE OF OPERATION	TISK CONDITION	ON FOR WHICH OPERATION	NI WAS BEREORMED	20g AUTOPSY?	TON IE VES WEDE EINID	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?					
12	THE DATE OF OPERATION	198. CONDITIO	JIN FOR WHICH OFERATION	N WAS PERFORMED		IN CERTIFYING CAUSE						
4 5	210 ACCIDENT WAS UNDERLYING	21b, TIME OF 1	MILITAN	111- 110-1111-111-111-111-111-111-111-11	YES NO	YES	NO 🗌					
10 FC	OR CONTRIBUTING CAUSE OF D	LICHE A M	MONTH DAY YEAR	THE HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	FINITEM 18 PART (ORPART 2)						
2	(IF EITHER NOTIFY MEDICAL EXAMIN		19									
MEDICAL	21d INJURY OCCURRED	21e PLACE OF	INJURY FACTORY OFFICE FARM ETC.)	211 LOCATION STREET	VN COUNTY	STATE						
~	WHILE NOT WHILE AT WORK											
	27a.1 certify that (I) (this hospital) attended the deceased from											
	saw the deceosed olive on 19, and that in (my) (our) apinian death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.											
	NATURE NEW ACTIONS MEDICAL STAFF											
	Gadar /	Bevall	MEDICAL STAF		128/88							
1	224 PHYSICIAN'S NAME (TYPE	E OR PRINT)		120 ADDRESS								
	Andrew Nowa	kowski, M.	D.	125 N. Main	Street, Belan	ir,Maryland	21014					
23a	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	down						
	Buria1	Oct. 28,1	986 Mt. Mar	ia Cemetery	Towson, Ba	altimore Co.	.,Maryland					

24 FUNERAL DIRECTOR Martin D. Lawson, 10 W. Padonia Road, Timonium, MD

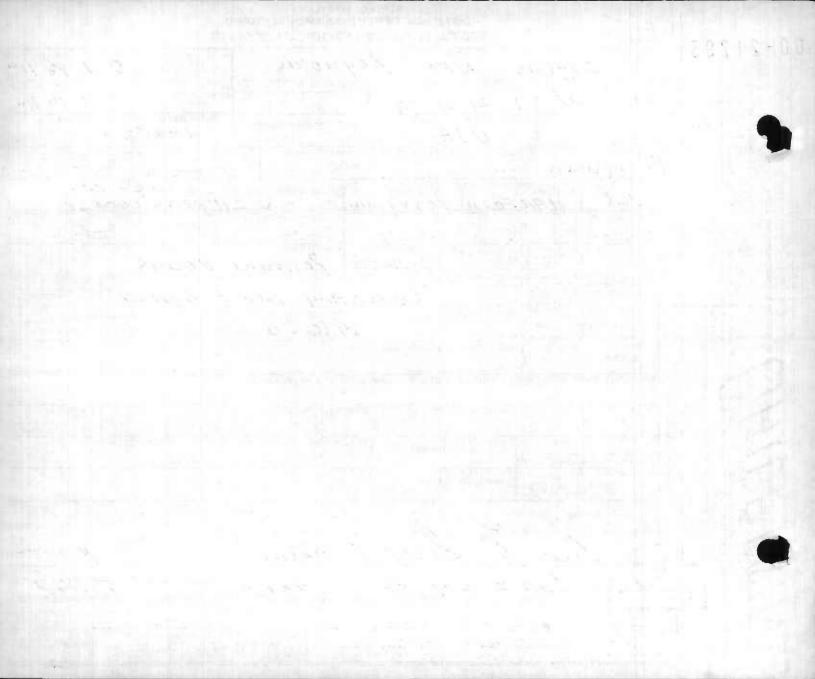
7 3 3 MUV -			STATE OF MARYLAND		/Pu
1	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	2 4 1 4
	I. DECEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	Willia	am Harvey	Reel	09	29 86 8 40
E a a	3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 F
rector ors of	WALE	MYSTE	August 29, 1910		
eoth. Po nerol di in 72 hou	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) FROM CTEVE	76. CITIZEN OF WHAT COUNT	RY? 8. MARRIED MEVER MARRIED WIDOWED DIVORCED	1 11 - 0 1 0	
s ofter d	BEL ALT (21014)	(IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION REET ADDRESS) RECONVENESCENT CENTER	(TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS INDUSTRY
24 haurs filled in b suld be fil	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO	OR OTHER INSTITUTION. GIVE RESIDENCE B	EFORE ADMISSION) OWN 13d. INSIDE CITY LIMIT	13e.STREET ADDRESS / ZIP CO	DDE DIA
\$ 5 ds	MANJAUN HA	LEAST CO. 13E1 M.	YES NO 1		WEE, HOIL
mplete	FIRST	MIDDLE REET	MARY	FRANCES	Cheshey
5 07 5	160 WAS DECEASED EVER IN U.S.				CHESHEN
Poge:	(YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)			Winns Street
hysician papers. P oval.		only one couse per line for (o), (b		REEL BEING	MANUFOLD ZIOLY REPROXIMATE INTERVAL BETWEEN ONSET AND DE
that the day the lease reconstruction, cremon or other	couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSE	CVA		
equires n signe Then pl r to buri injury, o		t conditions <u>contributing</u>	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
he low r ion. hos bee it permit.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
SICIAN: T ng physica certificate rial-transi entol Hygi frem 18 si	00 50 100 100 100 100 100 100	DEATH HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
ottending ter this ce s the buri	VALUE ON THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER O	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION	CITY OR TOWN	COUNTY STATE
ADIN or use o seolth	220.1 certify that (I) (this ha	spital) attended the deceased from	om, 19	, to	, 19, that (1) (we)
pritoling post of H	sow the deceased alive	on1 not) view the body after death.	9, and that in (my) (our) ap	inion death occurred on the date and l	nour and from the couses stated
TAL OR A by the hos RAL DIREC detoched tote Dept.	22b. SIGNATURE	/ovalend	DEGREE ATTENDIF PHYSICIA	NG MEDICAL STAFF	221 DATE SIGNED
HOSPI bined b FUNE buld be th the Si	22d PHYSICIAN'S NAME (TY)	NOWAKOW8	1c1 MD 120 ADDRESS	N, MAIN.	Co, BELAT
5 g 5 4 3 \$	230. BURIAL, CREMATION, REMOV		23c NAME OF CEMETERY OR CREMATO		COUNTY CO.
BP	BuriAl	Oct. 3,1986	BEL Air MEMORIM GARd	BEI Air, Harbon	(Co. Maryland 210
DHMH - 16 50M 4/83	24 FUNERAL DIRECTOR	STET SO W. Bron	dway & Williams To	DATE REC'D, BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
(VRA 15, 4)	Showarder to	A Rule ADDRE	anyland 21014 041	Ja Nove guile David	And Brillian

62 1-100 6 6 2 6 3 6 orthogonapal strong room The second of th of the state of th Microsoft Harmond Control of the Con The Court of the second second

00-21386	1-	FOR STATE REGISTRAR													
000	1. DECEASED NAME FIRST MIDDLE LAST (TYPE OR PRINT) ROBERT SMITHSON RENNIE													2b. HOUR	
S NECESSARY PLEASE E FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS IVERSTON STREET.	3. SEX	le W	nace hite	Sept. 10,	1907	6. AGE (IN YEAR LAST BIRTHDAY 79 YRS			IF UNDER 2	MIN PR	DATE ONOUNCE DE AD	octo		15,198	6 12:45 P M
NECESSARY, UNERAL DIR 5 FOR YOU!	FOREIGN COUNTRY) Maryland		USA USA MARR WIDOV			WIDOW	ARRIED ARRIED Harford Count				ounty	ty			
MD. 21201 TH. JF ANY DELAY IS N 1, 2, AND 310 THE FU M. 3. RETAIN PAGE 5 D. 2 SHOULD BE FILED, UNL RECORDS, 201 W	Bel Air			11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 3.19 FULFOR ACRUITY DIVESTREET ADDRESS) OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)				G LIFE)							
SHOULD RETAIN RECORD	130 S Ma	ryland	13b. COUN'	TY	13t. CITY	OR TOWN Air		13d INSIDE CI Yes			Fulf	ord Av	zenue	2101	.4
MORE, MD THE DEATH PAGES 1, 2 PAG		Willia		MIDDLE		Rennie	10	F	R'S MAIDEN	NAME	May			ithson	
BALTIM S AFTER GIVE PA ITH FOR PAGES I	(Y	VAS DECEASED I ES, NO, OR UNKNOWN Yes	U:	www.hils) S-Navy ly one cause per line	215-	09-0107				L.Ren				d Ave,	
CORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 RE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DING. IN PENCIL, PIERN, GIVE PAGES 1, 2, AND 1 BICAL EXAMINE ALONG, THE FORM PM. 3. RETA SA BURRAT TRAISIT BERMIT PAGES 1 AND 2 SHOULD THAND MENTAL HOURE. PMISON DEWILL RECO	NC	gave rise cause (a) st lying cause	if any, which to immediate oting the <u>under</u> - last.	DUE TO, OF	A S CON	ISEOUENCE OF	47		N GIVEN IN PART	[] (a.					
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTED THE CHIEF MEDICAL FOR STORY OF THE CHIEF MEDICAL FOR SHOULD BE USED AS A BURN TO SEPARTIMENT OF HEALTH AND OF PROR TO BURNAL CREMATH	L CERTIFICATION	190. DATE OF O	CAUSE WAS	21b. TIME O HOUR A.A		WHICH OPERA			MED?) (ENTER NATI	URE OF INJURY	IN ITEM 18 PAR	T I OR PART:	YES 2	Y? NO ∑
DIVISION OF V THIS CERTIFICATE WARDED TO THE PAGE 3 SHOULD BE TAIR THE PEPARTMENT 21201 PROR TO BE	MEDICAL	214 INJURY OC WHILE	CAUSE OF C CURRED NOT WHILE AT WORK	21e PLACE	A, OF INJURY TORY, FARM, E			CATION		C	ITY OR TOWN		COUN	ITY	STATE
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WH PAGE A SHOULD BE FORWAR TO FUNERAL DIRECTOR. PAGE A SHOULD BE FORWAR AFTER DEATH, WITH THE STATING BALLIMORE, MARYLAND, 2127		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N. (TYPE OR PRINT	from: Notur	e af the remains de ral couses X,	Agrident	, Suici	2,	Hamic TITLE (SI	PECIFY)	Undeterm	Inquiry C	er .		10-15-8 21078 Grace, N	
BATT BATT A PATT	(3	URIAL, CREMATIC Burial UNERAL DIRECTO	ON, REMOVAL 2	Oct. 18, 19		NAME OF CEME	TERY OF	CREMATO		23d. LOCA CITY OR I	ation sel Ai	r Ha	county	, Md	STATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82	1	NAME		S III, Ab	5				OF DATER	T 1	GISTRAR 1986	256 REGISTI	KAR'S SIG	NATURE	8

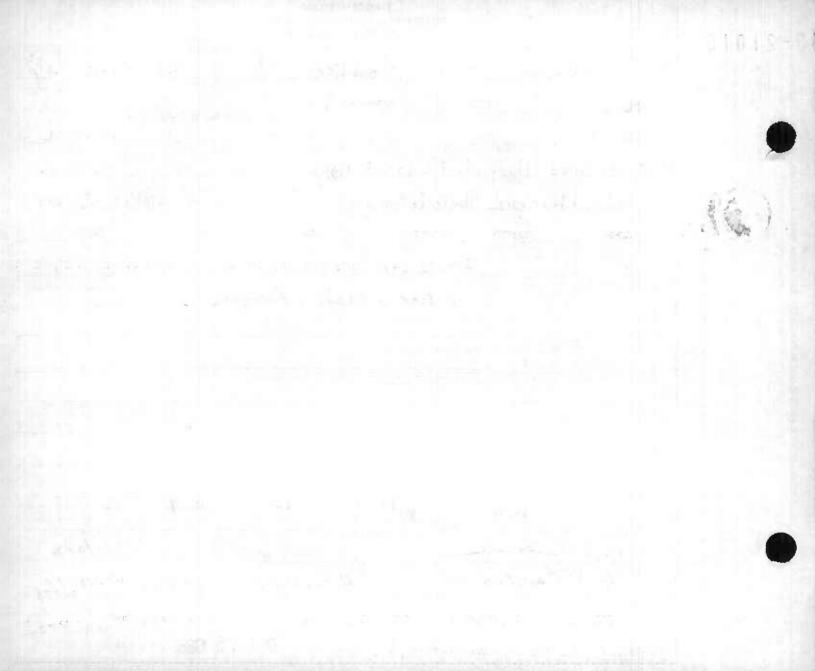


	FOR STATE			DEPARTMENT OF			24	. 6	2 9	3 4
	REGISTRAR DECEASED NAME TYPE OR PRINT)	Euge		MIDDLE /	77	nolds	20.	DATE KNOWN OF ESTI-		DAY YEAR
3. S		RACE	5. DATE OF BIRTH			DER 1 YR. IF UNDER	24 HRS. 2c.	DATE DNOUNCED DEAD	MONTH 10	DAY YEAR
3	BIRTHPLACE (STATE FOREIGN COUNTRY) Indiana		76. CITIZEN OF WE	SA	WIDOW		DED 🗆		FOR	
1		man	(IF NOT IN SUCH FACE	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) PROWOOD CT		ER INSTITUTION	FOR MOST	OCCUPATION (TO OF WORKING LIFE) LESPENSOI		OR INDUSTRI Self emp
13a.	STATE MAL	13b. COUNT		13c. CITY OR TOWN	men	136. INSIDE CITY LIMITS? YES NO [3	130 STREET	perry	woo	20421
0	FATHER'S NAME FIRST Plummer		MIDDLE D.	Reynolds		IS. MOTHER'S MAID FIRST Myrtle	EN NAME	WIDDLE		Clark
160.	WAS DECEASED E (YES, NO, OR UNKNOWN Yes	(IF YES, GIVE V	AED FORCES? WAR OR DATES) TINES	166. SOCIAL SECURIT 405-30-4		17. INFORMANT Person	ral	Record	8	
			(c)							
NO		FICANT CONDITIONS O	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERA	MINAL DISEASE	OR CONDITION GIVEN IN PA	IRT 1 (a).			
TIFICATION		H.L.I		OUT NOT RELATED TO THE TERM			ART 1 (a).			20 AUTOPSY?
CAL CERTIFICATION	196. DATE OF OF	PERATION AUSE WAS	19b. CONDIT	ION FOR WHICH OPER	RATION W			RE OF INJURY IN TIEM T	BPART I ORPA	YES 🗆
MEDICAL CERTIFICATION	196. DATE OF OF	AUSE WAS OR CAUSE OF D	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C	ION FOR WHICH OPER	RATION WA	AS PERFORMED?	ED (ENTER NATUI	RE OF INJURY IN TIEM)		YES 🗆
MEDICAL	210. EXTERNAL CUNDERLYING CONTRIBUTING 21d. INJURY OCCUMPIES AT WORK	AUSE WAS OR CAUSE OF D CURRED NT WHILE NT WORK	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTI	INJURY MONTH DAY YEAR 19 DF INJURY (AT HOME, ORY, FARM, ETC.)	RATION WA	AS PERFORMED? W INJURY OCCURRE	CIT Undetermin	YORTOWN		YES UNITY
MEDICAL CERTIFICA	21a. EXTERNAL CUNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK AT WORK AT WORK AT WORK ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	CAUSE WAS OR CAUSE OF D CURRED NOT WHILE IT WORK hat I taak charge fram: Nature	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTI	INJURY MONTH DAY YEAR 19 SE INJURY (ATHOME, ORY, FARM, ETC.) Scibed abave, held an Accident D, Su	RATION WAR	AS PERFORMED? OW INJURY OCCURRE CATION REET J. Inspection Hamicide TITLE (SPECIFY) D. J.	CIT Undetermi	ror town rquiry , c ned manner EXAMINER	and in my ar	YES UNITY
MEDICAL CERTIFICAL	210. EXTERNAL CUNDERLYING CONTRIBUTING 21d. INJURY OCC WHILE AT WORK AT WORK AT WORK AT WORK ACTUAL SIGNATURE	CAUSE WAS OR CAUSE OF D CURRED NOT WHILE IT WORK ME	21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTI	INJURY MONTH DAY YEAL 19 OF INJURY (ATHOME, ORY, FARM, ETC.) Libed abave, held an Accident D, Su	Autaps Ametery of	AS PERFORMED? OW INJURY OCCURRE ATION REET Hamicide : TITLE (SPECIFY) D. DEFELLA ADDRESS 46 4 R CREMATORY	CITUNDETERNATURE Undetermine MEDICAL 236. LOCAL CITY OF TO	ror town rquiry , c ned manner EXAMINER	DATE SIGNE	UNITY Dinion Dinion Dinion State of the

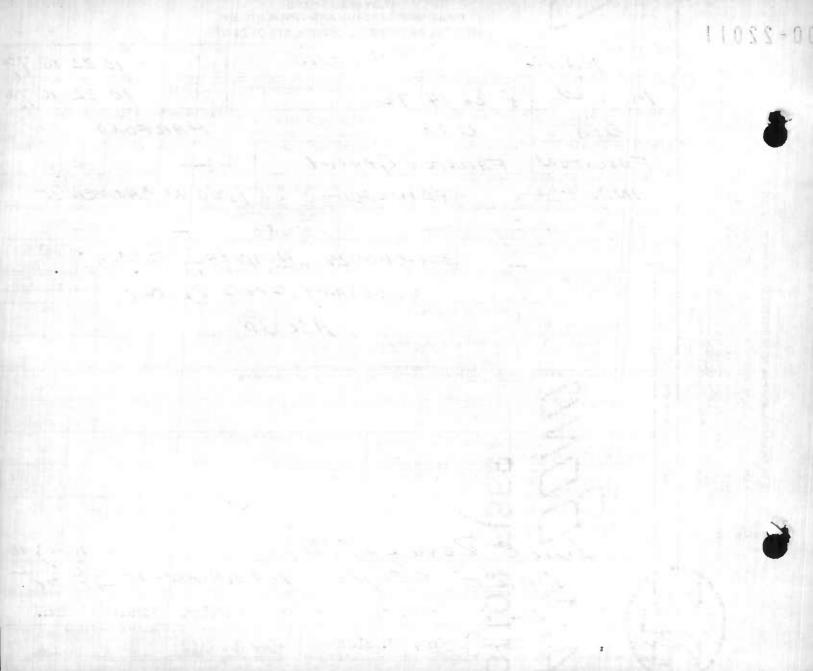


STATE OF MARYLAND

	1			STAT	E OF MARYLAND			
21018	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0	2 9) ! 5
noy be poge 3		CEASED NAME FIRST DAN	iel BAR	0	1. h fer	20. DATE OF DEATH	let. 9 1/	YEAR 26 HOUR 22
ge 4 moy ector. pog irs after de	3. SE		4. RACE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR	(HDAY) IF UNDER	RIYEAR IFUNDER 2- HRS. DAYS HOURS MIN.
Po de de	7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	EMBER 5, 1956	9. BALTIMORE CITY O	YRS. R COUNTY OF DE	ATH ,
deoth.		MARYLAND	USA	WIDOW	The state of the s		14	tarford m
by the	140	ure de Grace	TO NOT IN SUCH FACILITY	Y, GIVE STREET ADDRESS)	L HOSE	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O LINE WORKER	F WORKING LIFE) INDL	KIND OF BUSINESS OR USTRY _ASTICS CO.
24 Jours	13a.	AL RESIDENCE (IF NURSING HOME) STATE 136. CC		IDENCE BEFORE ADMISSION) TY OR TOWN WE LE GRACE	134 INSIDE CITY LIMITS?	136 STREET ADDRESS A	- 1 1 2	st., 21078
within him	B F	ATHER'S NAME FIRST JOHN	MIDDLE	LAST HOWAL TER	15. MOTHER'S MAIDEN N. FIRST MARY	AME MIDDIE SUE		RAKE
n ond co		VAS DECEASED EVER IN U.S.		1-12-6460	17 INFORMANT	ADDRE		de CRACE MOSI
not the deoth certificate by the attending physici sse remove corbonopore, cremotion, or removal.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DIATE CAUSE (o)	CONSEQUENCE OF	Brain, Pr	hermonen		APPRÖXIMATE INTERVAL ETWEEN ONSET AND DE ATH
n. n. os been signed os been signed permit. Then plec ne prior to buriol of the nijory, or		PART 2 OTHER SIGNIFICAT		UTING TO DEATH BUT	NOT RELATED TO THE TER	20a AUTOPSY?	20b. IF YES, WERE	PART TIO
3 PHYSICIAN: The attending physicio per this certificate have buriol-tronsit ond Mentol Hygie ced or Item 18 st	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.M. M AINER) P.M. 21e. PLACE OF INJI	ONTH DAY YEAR 19 JRY	211 LOCATION	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR P	PART 2)
DINC or o Affe se os se os colth mork	W	while NOT WHILE AT WORK 22a certify that (1) (this ha	ospital) ottended the deced		3 , 19.8 G	(ITY OR TO		t., that (I) (we) los
by the hospitol by the hospitol FERAL DIRECTOR. Store Dept. of He ANT: If Hem 21 is		40 M. C	a melly ofter d	eoth.		MEDICAL STAF	22¢	om the couses stated DATE SIGNED
TO HOSPITAL retained by the retained by the should be deto with the State IMPORTANT: IMPORTANT: IT		E.M.C	AMARHO, MI		& S. UNION	7	RE de GR	Ace MA
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	24 F	UNERAL DIRECTOR	140CTUDER88	ANGEL		ATE REC'D. BY REGISTRAR	RACE, HARFO	
DHMH - 16 60M 7/B4 (VRA 15, 4)		ITCHELL FUNERAL H	HOME PA. HAVRF d	e GRACE, MD.		OCT 15 1986	min being	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 1. DECEASED NAME MIDDLE LYCUTOUS 2a DATE KNOWN (TYPE OR PRINT) ESTI-NECESSARY, PLEASE UNERAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE FUNERAL DIKE PRONOUNCED LAST BIRTHDAY) MONTHS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN COUNTRINGIANA MARRIED X NEVER MARRIED WIDOWED [DIVORCED ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS II NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION LITYPE OF WORK OR INDUSTRY Railroad Retired USUAL RESIDENCE (IF IN NO 46047 13d. INSIDE CITY LIMITS? 13e STREET Linton 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE John Blanche Salmon Silence Lycurgus 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMAN 16b. SOCIAL SECURITY NO Ind.46041 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ASCUE gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? E 3 SHOULE E DEPARTMENT OF YES 🗌 NO T 216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d. INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COLINITY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STI BALTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection and in my apinian death resulted from: Homicide Undetermined manner EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b DATE 23t. NAME OF CEMETERY OR CREMATORY Ind. Frankfort Burial Clinton Oct.26,1986 Green Lawn Cemetery BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH Howard K. McComas III, Abringdon, Md. 21009 VR A15 ME (5) 20M 4/82



	1			STATE OF MARYLAND		
3	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6	29153
00-21650	1. DE	CEASED NAME PIRST	MIDDLE	Conte	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 55
4 may or, pag	1. 58	Tours le	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Sy bours		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARCH 29, 1913	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	10 9	ITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	HARTOND 120 USUAL OCCUPATION	12b HIPD OF BUSINESS OR
1201	H	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	1em, Hospital	PRACIAL NURS	The Land
TO THE STATE OF TH	130	STATE MID. 136, COUNTY	PFOED HAVEE	NO []	130 STREET ADDRESS PRIP COD	ROAD 21078
(1)	Φ:	PAY TON	MIDDLE FOR	L CHAROLA	eTTE MIDDLE	LAST
IMORE.		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b SOCIAL SEC	URITY NO. 17. INFORMANT 2-7099 HEPMAN	. SMITH-HA	vrede GRACE,
T., BALT infecte the physicia negotians moved.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause pe	torenal.	failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON S tending to carbo on, or re amotic e		Conditions, if any, which	1 - 1/)	JENCE OF OPPORT	Più line	Wea.s
W. PRE	-	gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	JENCE OF Diseas	2	;
95, 201 signed then plant then plant to burnel	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIV	/EN IN PART IIa
RECOR	FICATIO	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
NATA National Thronds Through	E E	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR	716, TIME OF INJURY	21c. HOW INJURY OCCUR	YES NO YI	PART I OR PART 2)
HON OR His cert his cert buriel d Mesto	MEDICAL	THE EITHER NOTIFY MEDICAL EXAMINER		19 211, LOCATION STREET	CUX OR IOWN	COUNTY STATE
DIVIS from the control of the contro	2	27a certify that (I) (this hospi	ital) attended the deceased from	9	6 to 10-16	19 86, that III (we) last
ATTEN Outstell Market and for up at His		saw the deceased olive on		V	death accurred an the date and ho	
A the No.		- Etwa	red choon	M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/16/86
O HOSPIT Somed by O FUNER shall be of the Ste		EDWAND (TYPE O	C. Loo, 1	1. D. Havred	le Grace, A	rd, 21078
BP	230	BURIAL, CREMATION, REMOVAL	00120-96 230	NAME OF CEMETERY OR CREMATORY BERKLEY CEMETY	23d JOCATION IN OR TOWN WAR PLANTE	a - HARJA- I had
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERALI DIRECTOR	ellock alboress	de Gree Mano	TE REC'D. BY REGISTRAR 250. REGIS	TRAR'S SIGNATURE
,	k-		- Dywin	774	E TOOG (

TO SIMPSHOOM OSTED STORY NY USA Ten Clin Hunge To T. Fam. MC HARFIED HAVEDLEGET V 2311 POST FORE 2:018 PAYTON FORD CHARGIETTE No - 180-127077 HERMAN C. JAM TH HAVE do GERME EXCIAL CELO REEKING TO PARTITION HARDERSON

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT poge 3 Thomas A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR MONTHS DAYS MALE WHITE OCTOBER 16, 1910 BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA WIDOWED DIVORCED | CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (RET) SHIPPING CLERK BAKERY USUAL RESIDENCE (IF NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MERCER W. VA. PRINCETON YES [NO X VILLAGE GREEN PARK #1 24740 AFATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST EARLY STAFFORD ROSA JANE WEST 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO 233 09 7625 MRS. CAROL MATHENA 108 SPRINGLAKE WAY, HdG. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF HELIOVA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET AT HOME STREET, FACTORY, OFFICE FARM, ETC 72x.1 certify that deceased from (my) (our) opinion death occurred on the pate and hour and from the course stated obove (f) wer (did) (did) 27E SIGMAZUR THE DATE SIGNED ATTENDING L PORECTOR PHYSICIAN 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) BURTAL 210CT0BER86 MONTE VISTA CEMETERY BLUEFIELD, MERCER CO., W. VA. 24 FUNERAL DIRECTOR MERCER FUNERAL HOME, BLUEFIELD, W.VA. DHMH - 16-60M 7784 (VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078



22492	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6 REG. NO.	29155
r f iA		CEASED NAME FIRST OR PRINT) MARU	MIDDLE		Street	2a. DATE OF DEATH MONT	24 1986 7:04 M
fr. poge 3	3. SE		RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	
o sillo	7a. Bi	Female RTHPLACE (STATE OR FOREIGN 7	White B. CITIZEN OF WHAT COU	Aug.	29 1925	6]	YRS UNITY OF DEATH
01		ew Jersey	U.S.A.	MARRIE WIDOWE		Harfor	-d MD.
2 C	H _G	VAC & GRACE	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Hay ford		or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK nurse's aide	king Life) 126 KIND OF BUSINESS OR INDUSTRY hospital
35	13a S	AL RESIDENCE (IF NURSING HOME OR O TATE 186 COUNT	Y I3c CITY O		138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 7 Central Dr.	CODE 21904
19	"	THER'S NAME	IDDLE LA	ST	15 MOTHER'S MAIDEN N FIRST Beatrice	AME MIDDIE	Barnin LAST
1000	The V	VAS DECEASED EVER IN U.S. ARM		L SECURITY NO.	17 INFORMANT	urn 6 D Lakevie	Mt.Holly
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ite My	Tasdiel W	tarctra	APPRÖXIMATÉ INTERVAL BETWEEN ONSET AND DEATH
rial, cremation, a or other troumot		Conditions, if ony, which gave rise to immediate couse Io), stating the underlying cause lost	DUE TO, OR AS A CON	isequence of abetic &	tracian		
to bui	NO	PART 2 OTHER SIGNIFICANT CO	onditions <u>contribution</u>	E LETT CC		eminal disease or conditio	N GIVEN IN PART I I a
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
or 18 th		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216, TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART OR PART 2)
ried or)	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is mo		270.1 certify that (I) (this haspital saw the deceased alive an abave, (I) (we) (did) (did national)			nd that in (my) (aur) apinia	, to n death occurred on the date ar	, 19, that (It (we) last and haur and from the causes stated
T. S Dept		226. SIGNATURE	ensor	4	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/24/86
WPORTAN		22d. PHYSICIAN'S NAME (TYPE OR EM. CAMAC			131 S. UNIO.	VAVE. HAVPE de 6	PRACE Md
2184		Removal	236 DATE Oct.28,1986		lows Cemeter	CITY OR TOWN	COUNTY STATE
60M 7/84 15, 4)	24 FI	INERAL DIRECTOR NAME **AITCHELL Funeral F	AD	DRESS	25a. D	Burlington ATE REC'D. BY REGISTRAR 256 R BCT 29 1988	REGISTRAR'S SIGNATURE

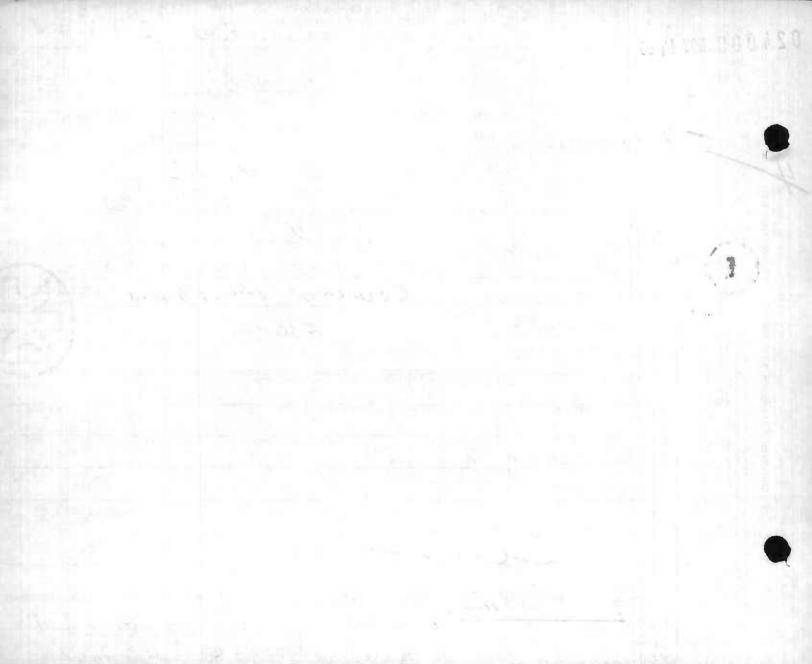
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G. M. E. davida

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR SECESED NAME 20 DATE KNOWN 26 HOUR OF ESTI-230 (TYPE OR PRINT) Nancy Tillman OUR FILES. 472 HOURS ON STREET, 10/23 2d. HOUR 4. RACE 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE CAY LAST BIRTHCIAY) PRONOUNCED B DEAD 19 86 16 To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA WIDOWED T DIVORCED Harford D CITY OR TOWN OF DEATH IT NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Edgewood 1750 Meadowood Ct. SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY Harford Edgewood 1750 Meadowood Ct. NO X 21040 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST 160, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 226 07 2196 Hospital Chart (no relatives found) Unkn. 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ASCUP Canditians, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In MENT OF HEALTH A CERTIFICATION 19g DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 71e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC. 1 STREET CITY OR TOWN STATE WHILE AT WORK AT WORK COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P/AFTER DEATH, WITH THE STABLE MARYLAND, 2 X 22a. I certify that I taak charge af the remains described above, held an Autopsy Inspection Inquiry and in my apinian death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) AETUAL DATE 10/24/86 Deputy **SIGNATURE** MEDICAL EXAMINER EXAMINER'S NAME Luis E. Renjel ADDRESS 464Alliance St. Havre De Grace, MD (TYPE OR PRINT) 230 BURIAL CREMATION, REMOVAL 236 DATE //-/- \$2 231 NAME OF CEMETERY OR CREMATORY Mariat Remo 07/84 25M 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



	١,	FOR			DEPARTA		E OF MARYLAND BEALTH AND MENTAL HYG	IENE 🙀	<i>h</i>	2	9 1	5 8
22287		STATE REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	E in		
. /		ASED NAME	FIRST		WIDDLE		IAST	20 DATE OF	DEATH M		AY YEAR	26 HOUST
R			illia		dell		cker		Oct		23 86	E UNIDEZ SALES
female		Eemale					Jan. 21, 1909 YEAR		EARS LAST BIRTHI		ONTHS DAYS	HOURS MIN.
7	7a. B)	70. BIRTHPLACE (STATE OR FOREIGN South Carolina		76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED NEVER MARRIED			recity or	COUNTY		MD.
7		Bel Air		WIDOWE 11. NAME OF HOSPITAL, NURSING HOME O Bel Air Convalescent		OR OTHER INSTITUTION	120 USUAL O	occupatio	V VORKING LIFE		F BUSINESS OR	
)	13a S	L RESIDENCE (IF NUR TATE ryland	13b COU	ROTHER INSTITUTION	Joppato	N	13d. INSIDE CITY LIMITS? YES NO 🌠		Shell	Cove	Court	21085
	14 FA	Frank		WIDDIE	DeMars		IS MOTHER'S MAIDEN NA Lillian	ME	MIDDLE		Jeff	oat
		AS DECEASED EVER		RMED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRES	Md.	21085	
l	(no	(IF TES, G		249-16-69	931	JoAnn Bridges	5, 109	Shell	Cove		Joppatow MATE INTERVAL DISET AND DEATH
	NOI		ng the e lost.	CONDITIONS	parus	CATH BUT	NOT RELATED TO THE TERM	MM	, 1	TIPY GIVE	on in partition	witay
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-	MED	21d. INJURY OCCUR	HILE		OF INJURY TREET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET		CITY OR TOW	٧	COUNTY	STATE
			sed plive o	ontal) attended in a soll view the box	122 19		nd that in (my) (or) opinion	death occurre	ed on the dot	e and hou		
		226. SIGNATURE	30	nol	lyson		ATTENDING PHYSICIAN	MEDICAL	STAFF	AN 🗌	(O /	12486
/		22d. PHYSIC DA	me in	Illyn			846 S.MI	4cN S	T. L	SUA	FR 9	1.21014
	Bu	SURIAL, CYMATISH SPECIFY) Irial	REMOVA	Oct.27			cemetery or crematory. Park, Cemeter	Y Orano	ehura-		angebur	
83		Ward K. M	400	1	bingdon I	A	250. DA	TE REC'D. BY	986		RAR'S SIGNAT	URE

Authority () to be A STATE IN STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OF PRINT) OF ESTI-Cora A. Wagoner 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR S. DATE OF BIRTH IF UNDER 24 HRS DATE 29 DAY PRONOUNCED 1893 H W DEAD 2a 10/15 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) NC Harford WIDOWED. DIVORCED 10. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE)
Housewife Darlington 1630 Trappe Church Rd
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 1630 Trappe Church Rd. MD Harford Darlington 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST Kirby Atwood Margaret Crouse 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Hattie Lee. 3249 Dublin Rd. Street . Md. NO 012 22 4836 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTONS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEAIN BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (8) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BUR YES 🗌 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, I PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIP. BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held on and in my opinion death resulted from Notural courses Homicide Undetermined manner 10/15/86 DATE SIGNATURE _MEDICAL EXAMINER EXAMINER'S NAME Luis E. Renjel, MD ADDRESS 464 Alliance St. Havre De Grace, MD 23c. NAME OF CEMETERY OR CREMATORY Burial Dublin Southern Dublin Harford Md. 07/B4 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 John H. Harkins 600 Main ST, Delta, Pa. 17314 (VR A15 ME (5))

OCT & O LAW free Dieser Prince

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN (TYPE OR PRINTI DEATH MATED JOSEPH WARNS HOWARD 30 19 86 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White Oct.18,1938 DEAD 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland USA WIDOWED T DIVORCED Harford County 126. KIND OF BUSINESS II CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION LE NOT IN SUCH FACILITY GIVE STREET ADDRESS Electrical Technician-Telephone 613 Crab Apple Ct Bel Air NO 136 STREET ADDRESS
NO 136 STREET ADDRESS
Crabapple Court 1136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? In STATE 21014 Bel Air Harford Maryland IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE (unknown) Lillian Warns Howard Bedreatr. Md. 21014 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Joanne K. Warns, 613 Crabapple Court, 218-34-1577 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) Carbon monoxide intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71g EXTERNAL CAUSE WAS HOUR A.M. MONTH DAY YEAR UNDERLYING ** 10-30-19 86 Subject inhaled exhaust fumes from motor CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. III. LOCATION 214. INJURY OCCURRED county vehicle. AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.I 613 Crab Apple Ct., Bel Air, Harford, garage 27s. I certify that I took sharing at the remains described above, held on Autopsy Inspection Undetermined manner death resulted from TITLE (SPECIFY) ACTUAL 10-30-86 Assistant SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 EXECUTO MANAGE PAGE AFTER BALLING TYPE OR PRINT) ADDRESS 73c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Bel Air Air Memorial Gardens 07/B4 BP 25AA **DHMH - 17** Julia Dividson Pendage Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

STATE OF MARYLAND

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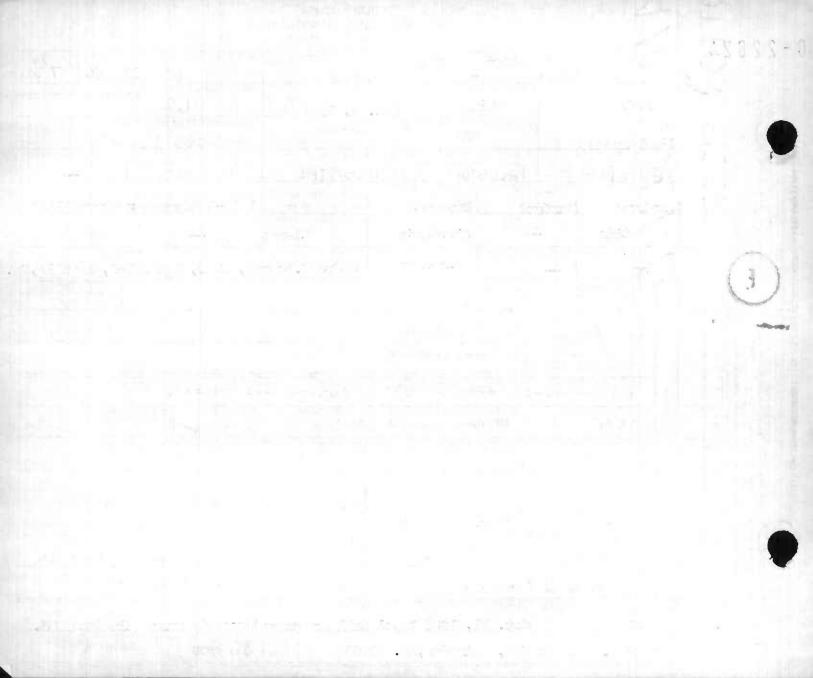
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NAT: If He		22d. PHYSICIAN'S NAME (Type o	NO 000 WIT	DEGREE ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED 10-28-KG
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IMPORTANT		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	1234 LOCATION	

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